Effective October 1, 2003 30 69 1 DP00 9													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE OF			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			12					RATE	FEE	7	RATE	FEE	
FOR '			NUMBER FILED		NUM	BER EXTRA	}	BASIC FE	€ 385.00	OR	BASIC FEI	770.00	
TOTAL CHARGEABLE CLAIMS			/12 minus 20=		•	O		XS 9=		OR	XS18=		
INDEPENDENT CLAIMS			minus 3 =		•	d		X43⇒	1	OR	X86=	_	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	+	1			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	 	OR	<u> </u>	774		
CLAIMS AS AMENDED - PART II								TOIAL	L	OR	TOTAL	776	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A	06/14/4	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 34	Minus ·	- 2	W	- 14		·X\$ 9=		OR	X\$18=	100	
	independent	• U	Minus	DENIDENT.	<u> </u>	=		X43=		ОЯ	X86=	200	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' [+145=	,	OR	+290=		
								TOTAL			TOTAL	400	
ADDIT. FEE													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOUS PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.35	Minus	- 3	34	• 00		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus		f Alla	• 49		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
							L	TOTAL		OR	TOTAL	7	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENOMENT	٠	HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus			•	F	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•	-	X43=			X86=		
l	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 2. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20. **OR +280** **TOTAL **OR **TOTAL **OR **TOTAL **OR **TOTAL **OR **TOTAL **TOTAL **OR **TOTAL **TOTAL **OR **TOTAL *													
_	the Highest Nu	nber Previously Pai tiber Previously Paid ber Previously Paid	id For IN THE	S SPACE IN	nee than	3 mm ~ ~ ~		XDIT. FEE			DOTT. FEE		
7814	PTO-875 (9av 10												

Application or Docket Number